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# AMENDED

Form **990-T**

## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2009

Department of the Treasury  
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning **JUN 1, 2009** and ending **MAY 31, 2010**

Open to Public Inspection for 501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>226980177.</b></p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>PACIFIC LUTHERAN UNIVERSITY</b></p> <p>Number, street, and room or suite no. If a P O box, see page 8 of instructions <b>PACIFIC LUTHERAN UNIVERSITY</b></p> <p>City or town, state, and ZIP code <b>TACOMA, WA 98447</b></p>	<p><b>D</b> Employer identification number (Employees trust see instructions for Block D on page 9) <b>91-0565571</b></p> <p><b>E</b> Unrelated business activity codes (See instructions for Block E on page 9) <b>713910 453220</b></p>
<p><b>F</b> Group exemption number (See instructions for Block F) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

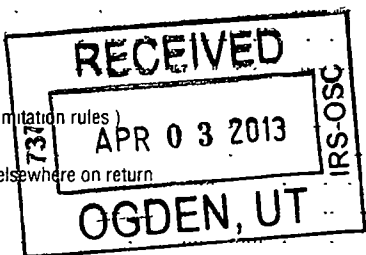
**H** Describe the organization's primary unrelated business activity ▶ **PUBLIC GOLF COURSE AND GARFIELD BOOK STORE**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶

**J** The books are in care of ▶ **ROBERT RILEY** Telephone number ▶ **(253) 535-7119**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <b>461,673.</b>			
b Less returns and allowances <b>c Balance ▶</b>	1c <b>461,673.</b>		
2 Cost of goods sold (Schedule A, line 7)	2 <b>526,998.</b>		
3 Gross profit. Subtract line 2 from line 1c	3 <b>-65,325.</b>		<b>-65,325.</b>
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 <b>244,018.</b>	<b>STMT 2</b>	<b>244,018.</b>
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 <b>Total.</b> Combine lines 3 through 12	13 <b>178,693.</b>		<b>178,693.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15			
16 Repairs and maintenance	16			<b>76,530.</b>
17 Bad debts	17			
18 Interest (attach schedule)	18			
19 Taxes and licenses	19			
20 Charitable contributions (See instructions for limitation rules)	20			
21 Depreciation (attach Form 4562)	21	<b>909.</b>		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			<b>909.</b>
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25			
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule)	28			<b>67,298.</b>
29 <b>Total deductions.</b> Add lines 14 through 28	29			<b>144,737.</b>
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30			<b>33,956.</b>
31 Net operating loss deduction (limited to the amount on line 30)	31			<b>33,956.</b>
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32			<b>0.</b>
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33			<b>1,000.</b>
34 <b>Unrelated business taxable income</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34			<b>0.</b>



SEE STATEMENT 3

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9

**Part III Tax Computation**

**35 Organizations Taxable as Corporations** See instructions for tax computation  
 Controlled group members (sections 1561 and 1563) check here  See instructions and

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 ▶ 35c 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) ▶ 36

**37 Proxy tax** See instructions ▶ 37

**38 Alternative minimum tax** ▶ 38

**39 Total** Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ 40a

**b** Other credits (see instructions) ▶ 40b

**c** General business credit Attach Form 3800 ▶ 40c

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ 40d

**e** Total credits. Add lines 40a through 40d ▶ 40e

**41** Subtract line 40e from line 39 ▶ 41 0.

**42** Other taxes Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) ▶ 42

**43** Total tax. Add lines 41 and 42 ▶ 43 0.

**44 a** Payments: A 2008 overpayment credited to 2009 ▶ 44a

**b** 2009 estimated tax payments ▶ 44b

**c** Tax deposited with Form 8868 ▶ 44c

**d** Foreign organizations: Tax paid or withheld at source (see instructions) ▶ 44d

**e** Backup withholding (see instructions) ▶ 44e

**f** Other credits and payments  Form 2439  Form 4136  Other \_\_\_\_\_ Total ▶ 44f

**45** Total payments Add lines 44a through 44f ▶ 45

**46** Estimated tax penalty (see instructions) Check if Form 2220 is attached  ▶ 46

**47** Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 0.

**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.

**49** Enter the amount of line 48 you want. Credited to 2010 estimated tax ▶ 49 Refunded ▶ 49

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 17)

**1** At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **▶ TRINIDAD & TOBAGO** Yes No

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. X

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **▶ \$** Yes No

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶**

N/A

<p><b>1</b> Inventory at beginning of year <span style="float:right">1 0.</span></p> <p><b>2</b> Purchases <span style="float:right">2 186,883.</span></p> <p><b>3</b> Cost of labor <span style="float:right">3</span></p> <p><b>4a</b> Additional section 263A costs <span style="float:right">4a</span></p> <p><b>b</b> Other costs (attach schedule) <span style="float:right">4b 340,115.</span></p> <p><b>5</b> Total. Add lines 1 through 4b <span style="float:right">5 526,998.</span></p>	<p><b>6</b> Inventory at end of year <span style="float:right">6 0.</span></p> <p><b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <span style="float:right">7 526,998.</span></p> <p><b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float:right">Yes No</span></p> <p style="text-align: right;"><b>X</b></p>
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<p><i>Robert K. B...</i> <span style="float:right">3/25/13</span></p> <p>Signature of officer <span style="float:right">Date</span></p>	<p><b>ASSOCIATE VP FOR</b></p> <p><b>FINANCE, CONTROLLER</b></p> <p>Title</p>	<p>May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Paid Preparer's Use Only</b>	<p>Preparer's signature <i>Lawrence H. Mohr, CPA</i> <span style="float:right">3/18/13</span></p> <p><b>LAWRENCE H. MOHR, CPA</b> <span style="float:right">Date</span></p>	<p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's SSN or PTIN <b>P00447603</b></p>	<p>Firm's name (or yours if self-employed), address, and ZIP code <b>BAKER TILLY VIRCHOW KRAUSE, LLP</b></p> <p><b>225 S. 6TH ST. STE. 2300</b></p> <p><b>MINNEAPOLIS, MN 55402</b></p>
		EIN <b>39-0859910</b>	Phone no <b>(612) 876-4500</b>

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instr on pg 18)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

1 Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8			0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)	
			0.	0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 20)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total</b>			0.

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FOOTNOTES

STATEMENT 1

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NET OPERATING LOSS CARRYFORWARD

NET OPERATING (GAIN)/LOSS FOR FYE 05/31/08	117,840.
NET OPERATING (GAIN)/LOSS FOR FYE 05/31/09	619,513.
NET OPERATING (GAIN)/LOSS FOR FYE 05/31/10	-33,956.

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NET OPERATING LOSS CARRYFORWARD TO FYE 05/31/11	703,397.
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FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 2

DESCRIPTION	AMOUNT
BRINSON PARTNERSHIP FUND - 1998 PRIMARY FUND, LP (EIN: 52-2066937)	-165.
BRINSON PARTNERSHIP FUND - 1999 PRIMARY FUND, LP (EIN: 36-4262291)	15.
BRINSON PARTNERSHIP FUND - 1997 PRIMARY FUND, LP (EIN: 36-4156955)	-3.
BRINSON PARTNERSHIP FUND - 1996 FUND, LP (EIN: 36-4050826)	803.
BRINSON PARTNERSHIP FUND - 2000 PRIMARY FUND, LP (EIN: 36-4309910)	-14.
GARFIELD COMMONS LLC (EIN: 65-1266546)	243,044.
CORE ALPHA PRIVATE EQUITY (EIN: 30-0428518)	353.
PARTNERS GROUP (EIN: 98-0576320)	-15.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	244,018.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
ADMINISTRATIVE SERVICES	52,168.
PROFESSIONAL FEES	4,338.
INSURANCE	10,792.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	67,298.

FORM 990-T COST OF GOODS SOLD - OTHER COSTS STATEMENT 4

DESCRIPTION	AMOUNT
SALARIES AND WAGES	180,802.
FRINGE BENEFITS	49,500.
SUPPLIES	2,831.
TELEPHONE	699.
UTILITIES	2,428.
EQUIPMENT RENTAL	41,054.
REPAIRS AND MAINTENANCE	18,627.
ADVERTISING	5,642.
STATE & PROPERTY TAXES	2,148.
PROFESSIONAL FEES	1,896.
POSTAGE	621.
MISCELLANEOUS EXPENSE	20,815.
AMORTIZATION	13,052.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	340,115.

**Depreciation and Amortization 990-T**  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **PACIFIC LUTHERAN UNIVERSITY**  
 Business or activity to which this form relates: **FORM 990-T PAGE 1**  
 Identifying number: **91-0565571**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See the instructions for a higher limit for certain businesses **1** **250,000.**  
 2 Total cost of section 179 property placed in service (see instructions) **2**  
 3 Threshold cost of section 179 property before reduction in limitation **3** **800,000.**  
 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- **4**  
 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions **5**

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29 **7**  
 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 **8**  
 9 Tentative deduction Enter the smaller of line 5 or line 8 **9**  
 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 **10**  
 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 **11**  
 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 **12**  
 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 **13**

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year **14**  
 15 Property subject to section 168(f)(1) election **15**  
 16 Other depreciation (including ACRS) **16**

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009 **17**  
 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28 **21**  
 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr **22** **909.**  
 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs **23**



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.			
<b>39</b> Do you treat all use of vehicles by employees as personal use?			
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?			

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year					
<b>43</b> Amortization of costs that began before your 2009 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report.					<b>44</b>